

CHAPTER XI: Overview of NCCAM

Public Surveys on CAM

So here are the things I'm going to try to cover. I'm going to talk to you about some data on the patterns of complementary and alternative medicine used by the US public. I'm going to give you some highlights of what I see as our achievements to date, and tell you something about where I think these practices can have the greatest impact on American's health. The data I am going to show you comes from the National Health Interview Survey. Probably a number of you are aware of this survey. It is done by the CDC. It uses population sampling techniques, senses methodology. It's a household survey. Interviewers go to the houses selected by a sampling strategy, over-representing under-represented minority groups. They do the best they can to get as representative a sample. It's a very large sample, but on 2 different occasions (2002 and 2007), the CDC incorporated into this survey a set of questions about these complementary and alternative health practices. And in the 2007, the most recent, we sampled 23,000 adults but 9,000 children. 2002 was about 31,000 adults. So here's what that kind of data tells us. Using a definition, which does not include prayer or spiritual practices per se, approximately 40% of the American public use some form of complementary and alternative medicine. That's pretty much consistent with the earlier surveys. The first surveys of this sort were done by David Eisenberg, published in the mid-90s and these numbers are very similar to what he found using a similar definition. Use of these health practices is widespread in all demographic groups, slightly higher in Native Americans and Caucasians than in African Americans, but really pretty consistent with smaller groups. Very consistent, however, is a difference in gender. Women use more complementary and alternative medicine than men. And very interesting, and I think important, differences by the region of the country, including differences in reimbursement in different areas of the country. The area with the most interest in these non-mainstream health practices is the Pacific Northwest. My staff call it the "CAM-iest" part of the country. But the use of these practices is quite widespread in the Pacific Northwest, and in fact in the state of Washington, legislation has mandated coverage of chiropractic massage and acupuncture in all the insurance plans offered. That's the only place in the country where there is consistent insurance coverage for this. By in large these practices are paid for out of pocket and are individual or self-care decisions. A very very consistent finding, this always surprises my physician colleagues, is that use is greater in people with higher levels of education. It is greater in people with PhDs and advanced degrees than in people who have intermediate degrees, and this is true even when one does the best one can to correct for the correlation between education status and income.